

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7549**

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>15</u>  |  | PRIMARY REG. DIST. NO. <u>5070</u>  |  | Registrar's No. <u>26</u>  |  |
| 1. PLACE OF DEATH<br>a. CITY <u>Barton</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural -- Milford Town</u> c. LENGTH OF STAY (in this place) <u>50 yrs.</u>  |  |   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Milford Township</u>                                |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>   |  |   |  | d. STREET ADDRESS (If rural, give location) <u>Lamar R3</u>   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) <u>JAMES</u>   |  | a. (First) <u>CLYDE</u>   |  | c. (Last) <u>BRATTON</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 28 50</u>                 |  |
| 5. SEX <u>Male</u>  |  | 6. COLOR OR RACE <u>White</u>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Married</u>   |  | 8. DATE OF BIRTH <u>Dec. 28, 1886</u>                                    |  |
| 9. AGE (In years last birthday) <u>63</u>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |  | 11. BIRTHPLACE (State or foreign country) <u>Vernon Co. Mo.</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>                                 |  |
| 13a. FATHER'S NAME <u>Leander Bratton</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Ruth Young</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Josie Borden Bratton</u>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Josie Bratton</u> ADDRESS <u>Lamar, Mo. #3</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Hypertension and</u><br>DUE TO (c) <u>Stroke several yrs. past</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>31X</u>                           |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>March 28, 1950</u> to <u>March 28, 1950</u> , and that death occurred at <u>12:10 A.M.</u> from the causes and on the date stated above.                              |  |   |  |   |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>E. B. Baunish MD</u>  |  |   |  | 23b. ADDRESS <u>Sheldon Mo</u>  |  | 23c. DATE SIGNED <u>3-29-50</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>3/31/50</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>St. James Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Barton Co. Mo.</u>      |  |
| DATE REC'D BY LOCAL REG. <u>MAR 30 1950</u>   |  | REGISTRAR'S SIGNATURE <u>Marie Konantz</u>  |  | FUNDAL DIRECTOR'S SIGNATURE <u>L. Gerald Perry</u>  |  | ADDRESS <u>Sheldon Mo</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

APR 10 1950

APR 20 1950

RECEIVED

APR 8 1950

District Health Office No. 8,

District File Number 450-398

Date Filed 4-5-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*L. Gerald Deeny*

Signed .....

Student Embalmer

Licensed Embalmer No. 7203

P. O. Address Sheldon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.